

WEST COAST HOMECARE

APPLICATION FORM
CENTRALLY REGISTERED CONTRACTOR

CONFIDENTIAL

PERSONAL DETAILS

Name DOB

Residential Address

Postal Address

Phone Mobile..... Fax.....

Email.....

QUALIFICATIONS / COURSES

Please tick (evidence will be required at interview)

- Current first aid certificate
- Registered Nurse
- Enrolled Nurse
- Mandated Reporting
- Paramedical Aid
- Community Service Certificate III / Certificate IV
- Manual Handling Certificate

RELEVANT WORKSHOPS / SEMINARS

- | | |
|---------|---------|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Have you had previous experience working with the aged and /or people with a disability
Give a brief outline of your experience.....

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PLEASE SUPPLY RESUME AND / OR DETAILS OF 2 CURRENT REFEREE'S

1.....

2.....

3B

SERVICE PROVISION

Please indicate the services you are willing to do.

- Domestic Assistance
- Home Maintenance
- Laundry
- Personal Care
- Respite Care
- Shopping
- Social Support
- Transport
- Medication Administration

INTERESTS

Please list your interests and hobbies

1.
2.
3.
4.

MEDICAL HISTORY

If you have any major health issues that may affect the type of care you can provide, please give details.

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POLICE CHECK

CURRENT YES / NO If yes DATE

AVAILABILITY

Please indicate your preferred times as we provide a 7 day week service

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

I hereby confirm the above details are true and correct.

I acknowledge that WCHC will keep these personal details on file.

I acknowledge that I have read and understood the information in the Contractor Information booklet.

Signature Date

Witness Date